

### STATEMENT OF INCOME AND EXPENSES

**INSTRUCTIONS:** This form is to be used by private academic schools filing applications for licensure whose prepaid tuition is collected for a period no longer than the 30-day closure notice required by the State Board of Private Academic Schools Regulation Section 51.6(a).

Name of School \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (County) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Sole Proprietorship  Profit School  Non-Profit School

Income

Expenses

\$		Tuition	\$		Wages/Fringe benefits
\$		Registration Fees	\$		Mortgage/Lease payment
\$		Aid from state/local <small>(Exclude Acts 90 &amp; 195)</small>	\$		Utilities
\$		Other income (explain)	\$		Equipment
			\$		Supplies
\$		Total income	\$		Travel/Transportation
			\$		Food Costs/Services
			\$		Insurance
			\$		Taxes
			\$		Fees/Subscriptions
			\$		Legal/Accounting
			\$		Other expenses (explain)
			\$		Total expenses

I/We certify by my/our signature(s) that the above statements are true to the best of my/our knowledge.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner(s) or Officer(s)